

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1480

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (In this place) <u>12 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fredman Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Twin Groves Twshp.</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles South of Carl Jct., Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Irelan</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-23-1906</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minor (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri, Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Dolly Yeager</u>		14. NAME OF HUSBAND OR WIFE <u>Edna G. Irelan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>1-15-10-1331</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Irelan, Son, 917 N Main, Webb Cit.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF DESCENDING COLON</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>COLON</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>9/9/50</u> 19b. MAJOR FINDINGS OF OPERATION <u>INOPERABLE CA. OF COLON</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTHS</u> <u>153 X</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>51</u> , to <u>1-17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-17</u> , 19 <u>51</u> , and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. S. Douglas M.D.</u>				23b. ADDRESS <u>Joplin Co. Health Dept Webb</u>		23c. DATE SIGNED <u>1/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-23-51</u>		REGISTRAR'S SIGNATURE <u>E. J. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Jct., Mo.</u>		ADDRESS <u>Carl Jct., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-5-51
Jasper County Health Office

County File Number 51-1-66

Date Filed 2-5-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed

Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Weir City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.